

Partnership to Prevent Fetal Alcohol Syndrome

If you are interested in becoming a partner, please complete this form and fax it to Debby Cartwright at Capital Area Human Services District at 225-925-1987. This form can also be downloaded from the Partnership Web site (<http://prevention.samhsa.gov/faspartners/>) and returned to Debby by fax. For more information, call Debby at (225) 925-4093.

☐ Yes, I would like to be a partner at this time.

Organization Name: _____

Primary Contact Name: _____ Title: _____

Phone: _____ Fax: _____

Web Address: _____

E-mail Address: _____

Describe any activities that your organization is currently conducting that could contribute to the effort to communicate Partnership messages: _____

Our organization can provide support with the following activities:

- ☐ Host an event.
- ☐ Provide a link to Partnership materials on our Web site.
- ☐ Include an article in our newsletter or Web site/provide an article.
- ☐ Use Partnership materials and messages in our office or with our audiences.
- ☐ Contact local media to inform about FAS/ARBD and the Partnership.
- ☐ Share experiences about FAS/ARBD or women's health outreach and education in the community on the Partnership Web site.
- ☐ Other: _____

Do you have any other recommendations of organizations that may be beneficial to include in the Partnership? Please provide an organization name and contact name if known.

